

D9980 RYLA 2021 APPLICATION FORM

* **Candidate completes sections 1 to 8**
* **Rotary Club completes section 9**
* **This form can be completed either on-line or by being printed and handwritten. The former is preferred. If handwriting, please print clearly**
1. **PERSONAL DETAILS**

|  |  |
| --- | --- |
| Surname |  |
| Given Name |  |
| Preferred Name |  |
| Address |  |
| Address 2 |  |
| Town / City |  |
| Home Phone |  |
| Business Phone |  |
| Mobile Phone |  |
| Email Address |  |
| Date of birth (dd/mm/yyyy) |  |
| Sex (M/F/Other) |  |
| Shirt Size (S/M/L/XL) |  |

**2. EMERGENCY CONTACT**

**(MUST BE FAMILY MEMBER, LEGAL GUARDIAN OR NOMINATED ROTARIAN)**

|  |  |
| --- | --- |
| Contact Name |  |
| Relationship |  |
| Address |  |
| Address 2 |  |
| Town / City |  |
| Home Phone |  |
| Business Phone |  |
| Mobile Phone |  |
| Email Address |  |



**3. HEALTH (This section must be fully completed)**

(For the safety of all candidates, all medication **must** be disclosed to the RYLA Organising Committee and third-party providers relevant to the programme)

|  |  |
| --- | --- |
| Health Issues: |  |
| Current Medication: |  |
| Dietary Requirements (Medical and Religious requirements only) |  |

1. **EDUCATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| School/Tech/University |  |
| Year |  |
| Level Attained |  |
| Special Awards |  |

1. **OCCUPATION - FULL TIME / PART TIME / UNEMPLOYED / STUDENT / OTHER**

|  |  |
| --- | --- |
| Current employer |  |
| Position held |  |
| Period of employment |  |
| Previous employer |  |
| Position held |  |
| Period of employment |  |
| I will / will not need to get time off work. |  |

1. **RECREATIONAL INTERESTS & INVOLVEMENT**

|  |  |
| --- | --- |
| Sporting |  |
| Organisation / Clubs |  |
| Hobbies |  |

 

1. **QUESTIONS**

|  |  |
| --- | --- |
| Are you able to bring all the necessary equipment? |  |
| Describe your level of fitness:1 being poor – 5 being excellent |  |
| You will be sponsored into this leadership programme. Why do you think you are a worthy candidate? |  |
| Who will be paying for you to attend RYLA….. ***Please circle one**** Yourself
* Rotary Club
* Employer or Corporate
* I am looking for a sponsor
 |  |

1. **DECLARATION**

**NOTE: If this form is submitted electronically, the sponsoring Rotary Club must print out this page and have it physically signed by the applicant during their interview**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, being the Applicant,

* understand that I will be required to abide by the Code of Conduct and adhere to all the requirements and instructions of the director and staff of RYLA during my participation in the programme and that in the event of my failure to do so in a reasonable manner I may be returned to my home by the first available transport, with any additional costs so incurred being paid by myself, parents or guardian.
* understand that RYLA 2021 is held in a camp environment and that I will be required to share a single sex cabin with others. (Please include any comments in the strictest of confidence, here)

………………………………………………………………………………………………………………………………

* in accordance with the Privacy Act, agree to my name and contact details being used on a list of awardees for RYLA follow-up and administration purposes (Alumni).
* Agree to RYLA District 9980 using appropriate photos of myself in future presentations or publicity of the RYLA event.
* Authorise the Chairperson & the RYLA Operational Committee, where it is impractical to communicate with me, or to secure my prior consent, to consent on my behalf to any medical or surgical treatment as may be necessary for my well being and I undertake to meet such cost incurred.

Signed: ………………………………………………………………. Date: …………………………………………….

 

1. **NOMINATING ROTARY CLUB USE**

The Rotary Club of ……………………………………………………………… recommends this Applicant be selected for the RYLA 2016 Programme

|  |  |
| --- | --- |
| Rotarian Name |  |
| Signed |  |
| Date |  |
| Phone |  |
| Mobile |  |
| Email |  |
| Position in Club |  |

**NOTE FOR NOMINATING ROTARY CLUB**

* Final selection of candidates remains with the Rotary Club of Queenstown, RYLA 2021 Operational Committee
* Completed forms are to be emailed to applications.d9980ryla@gmail.com or posted to L. LINES, 24 Middleton Road, Frankton 9300, Queenstown **by 20 December 2020.**
* The application fee per awardee is $900 (GST exempt).

Cheques are NOT accepted.

Please make your payment by direct credited via internet banking to:

(ANZ Bank account) The Rotary Club of Queenstown

**01-0867-0722903-01**

**Be sure to note your Club’s name in the Reference Box**

***Thank you for supporting RYLA and our Future Leaders***

District 9980